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	rai			N FEE DETE ute for Form PT						ation or Docket Nu		
APPLICATION AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY									OR	OTHER THAN SMALL ENTITY		
	FOR	NUMB	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$	
BASIC FEE 37 CFR 1.18(a), (b), or (c))		c))	N/A		N/A		N/A			N/A		
SEARCH FEE 37 CFR 1.16(k), (i), or (m))			N/A		N/A		N/A			N/A		
XAMINATION FEE			N/A		N/A		N/A			N/A		
37 CFR 1.18(o), (p), or (q)) OTAL CLAIMS 37 CFR 1.18(i))			34 minus 20 =		• 14		x 9 =	126	OR	x =		
IDEPENDENT CLAIMS TO CFR 1.16(h))			minus 2		1		×42 •	42		x =	-	
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).												
(ULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						L	N/A			N/A		
if the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL	168		TOTAL		
-	APPL	APPLICATION AS AMENDED PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST					SMALL ENTITY		0R	OTHER THAN SMALL ENTITY		
AMENDMENT A	_	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAI FEE (\$	
	Total (37 CFR 1.18(I))	38	Minus	["] 34	- 4		x 25 ₌	100	OR	х =		
	Independent (37 CFR 1.16(h))	• 4	Minus	"" 4	[≖] 0		× 100 =	0	OR	х =		
	Application Size	Fee (37 CFR 1.1	6(s))									
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))						N/A		OR	N/A		
_							TOTAL ADD'L FEE	100	OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)		•		•	•		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAI FEE (\$	
	Total (37 CFR 1.16(i))	•	Minus	**	=		х =		OR	X =		
	Independent (37 CFR 1.16(h))	•	Minus	***	=		x =		OR	х =		
	Application Size Fee (37 CFR 1.18(s))					[
}	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))						N/A		OR	N/A		
2												

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "30".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "30".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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